

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 01/19/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 01/22/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN	191	22	CLIENT ID NUMBER DOES NOT MATC				
	H/DD/SAS			H PATIENT NAME				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE	7	29	45	16
				RVICES IN IPRS.				
		8935	2	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404902	BLUE RIDGE COMM	8599	6455	DETAIL NOT COVERED BY COMBINAT				
	UNITY			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		167	1652	NO CHARGE BILLED. ENTER BILLED	375	9415	27984	18569
				AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
		191	458	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
		0	0		0	0	0	0
3404905	TREND COMM MENT	21	646	DUPLICATE OF CLAIM-SYSTEM				
	AL HLTH CTR							
		11	263	CLIENT NOT ELIGIBLE ON SERVICE	0	916	1236	320
				DATE				
		5404	7	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404907	RUTHERFORD-POLK	8599	1596	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	606	DUPLICATE OF CLAIM-SYSTEM	113	2739	5617	2878
		8000	175	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404910	PATHWAYS	8599	245	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	216	AMTNC INELIGIBLE TO RECEIVE SE	315	1197	16038	14841
				RVICES IN IPRS.				
		21	131	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAWBA COUNTYM	8505	1449	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8502	11	CLAIM DENIED DUE TO INSUFFICIE	9	1473	1554	81
				NT ALLOTMENT				
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404913	MECKLENBURG COMM ENTAL HEALTH	21	4302	DUPLICATE OF CLAIM-SYSTEM				
		11	1087	CLIENT NOT ELIGIBLE ON SERVICE DATE	276	6595	12953	6358
		8599	354	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIOAL HEALTH	21	89	DUPLICATE OF CLAIM-SYSTEM				
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	10	195	6458	6263
		8000	42	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404917	CENTERPOINT HUM AN SERVICES	8599	221	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		24	143	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	139	757	2122	1365
		21	107	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M ENTAL HEALTH	8505	164	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	100	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13	371	949	578
		8502	60	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1869	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	374	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	2251	2793	542
		21	4	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL L AREA MH D	8505	207	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	1	209	326	117
		8935	1	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404921	ORANGE PERSON C HATHAM AREA	8505	4391	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5312	702	PRIOR AUTHORIZED DOLLARS EXCEE DED	0	5511	5925	414
		8502	208	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404922	THE DURHAM CENT ER	21	1878	DUPLICATE OF CLAIM-SYSTEM				
		120	556	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	2746	4262	1516
		8599	190	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO RITY	8505	257	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	173	CLIENT NOT ELIGIBLE ON SERVICE DATE	12	655	1490	785
		8599	104	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404924	PIEDMONT AREA M H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	2381	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	124	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	55	2713	4882	2169
		8800	45	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	815	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	198	DUPLICATE OF CLAIM-SYSTEM	189	1639	5548	3909
		8599	158	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	836	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8621	27	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	894	938	44
		8800	17	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	21	52	DUPLICATE OF CLAIM-SYSTEM				
		8621	42	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	206	946	740
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	104	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	105	110	5

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404931	WAKE CO HUM SVC BILLING OF	8505	1493	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1272	DUPLICATE OF CLAIM-SYSTEM	159	4235	15831	11596
		11	407	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404932	RANDOLPH/SANDHI LLS CO MH C	8505	776	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	173	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	1132	1869	737
		11	86	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	728	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8000	44	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	31	874	2365	1491
		8931	22	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404934	ONSLow COUNTY B ENAVIORAL H	21	854	DUPLICATE OF CLAIM-SYSTEM				
		8505	262	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	9	1387	1425	38
		8800	107	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	36	DUPLICATE OF CLAIM-SYSTEM				
		8517	14	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	1	60	1294	1234
		8518	7	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404937	EDGEcombe NASH MNTL HLTH C	8505	1102	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	595	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	81	2434	4298	1864
		21	325	DUPLICATE OF CLAIM-SYSTEM				
3404938	HALIFAX COUNTYM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE ALTH CENTER	8599	285	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	24	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	17	342	1516	1174
		8934	15	CDTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404941	PITT CO MH/DD/S AS CENTER	120	513	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		143	97	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	26	796	1732	936
		8599	87	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH UMAN SERVIC	8326	62	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		8000	42	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	7	195	821	626
		8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	169	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	150	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	319	432	113
3404944	EASTPOINTE HUMA N SERVICES	8505	44	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	31	DUPLICATE OF CLAIM-SYSTEM	20	122	1656	1534
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404957	TIDELAND MENTAL HEALTH CTR	8505	2142	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	163	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	116	2544	3438	894
		8800	99	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA PRO	8599	234	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	95	DUPLICATE OF CLAIM-SYSTEM	136	567	4967	4400
		8931	92	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				